



ADDENDUM

A

BUSINESS LICENSE APPLICATION

Town of Florence

Business License Application



Finance Department
P.O. Box 2670
775 North Main Street
Florence, AZ 85132
Phone: (520) 868-7570
Fax: (520) 868-7501
www.florenceaz.gov

IMPORTANT: This application must be approved before you may lawfully engage in business in the Town of Florence.
A separate license is necessary for each business location.

Check One:	<input type="checkbox"/> New Business to Florence <input type="checkbox"/> New Owner of Existing Business	Former Owner (if applicable):	Previous Town License Number	This Column For Office Use Only
Do you sell, store or handle any hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please attach itemized list showing quantity and attach MSDS sheets for each.		
Check One:	<input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change	Current Town License Number	Temporary License (non-renewable) <input type="checkbox"/> 1 Day <input type="checkbox"/> 1 Week <input type="checkbox"/> 1 Month	
SECTION I: BUSINESS INFORMATION		(Print legibly or type the information on this application)		Fee Paid:
Legal Business Name		Business or DBA (doing business as) name		Cash _____
Physical Location of Business (Street, City, State Zip Code) - do not use a P.O. Box or Route Number				Check # _____
Business Phone Number		Business Fax Number		Amt _____
Social Security Number (Sole Proprietors)		Federal Employer Identification Number (required for employers and entities other than Sole Proprietors)		CC _____
E-Mail Address:		State Sales Tax Number		Receipt Number _____
Start Date of Business/Activity in Florence		Will this be open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Approvals
SECTION II: MAILING ADDRESS & PHONE NUMBER		(Print legibly or type the information on this application)		Planning and Zoning Dept.
Mailing Address (if different from above):				
Name of Point of Contact for the Business:		Phone Number:		
SECTION III: BUSINESS OWNERSHIP & RECORD LOCATION				Finance Dept.
Type of Ownership	<input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S Corporation <input type="checkbox"/> Association <input type="checkbox"/> Trust	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____		
<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP				
Owners, Partners, LLC Members, or Officers (For additional names, please attach list)				
Name (First, MI, Last)	Social Security #	Title	Complete Residential Address	Telephone Number
Location of the Tax Records (Street Address, City, State and Zip Code) if different from business location				
Name	Address	City	State, Zip Code	Telephone Number
SECTION IV: BUSINESS TYPE				
Business Type	<input type="checkbox"/> Construction <input type="checkbox"/> Retail Sales <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Service Only	<input type="checkbox"/> Commercial Rental <input type="checkbox"/> Residential Rental <input type="checkbox"/> (Number of units _____) <input type="checkbox"/> Use Tax	<input type="checkbox"/> Transportation/Utility <input type="checkbox"/> Real Estate <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____	
Describe Nature of Business				
Number of Employees		Contractors Number		
SECTION V: BUSINESS PREMISES STATUS				
Check one:	Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Landlord/Property Manager Name	Address		
	Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number:		
I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Town. Incomplete forms may not be processed.				
Print Name	Signature	Title	Date	